#4

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) CPFB3000

In re Application of	Magrino et al.		
Application Number	10/079,024	Filed	02/20/2002
For	HUMAN CAPITAL MANAGEMENT INVENTORY AND POSITION MATCHING SYSTEM AND METHODS		
Group Art Unit	2163	Examiner	N/A

This is a request under the provisions of 37 CFR 1.136(a) to extend the reply in the above identified application. The requested extension and appropriate non-small-entity fee are as (check time period desired):

_____	One month (37 CFR 1.17(a)(1))	$ _____
__X__	Two months (37 CFR 1.17(a)(2))	$ ___400.00___
_____	Three months (37 CFR 1.17(a)(3))	$ _____
_____	Four months (37 CFR 1.17(a)(4))	$ _____
_____	Five months (37 CFR 1.17(a)(5))	$ _____

__X__ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $ _200.00_.

__X__ A check in the amount of the fee is enclosed.

_____ Payment by credit card. Form PTO-2038 is attached.

_____ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

__X__ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _50-0890_.
I have enclosed a duplicate copy of this sheet.

I am the _____ applicant/inventor

_____ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SP/96).

_____ attorney or agent of record.

__X__ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a): _30,320_.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO -2038.

_____July 11, 2002_____
Date

Signature

07/22/2002 RHEBRAHT 00000076 10079024
02 FC:216   200.00 OP

Gerald B. Rosenberg
Typed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

_____ Total of _____ forms are submitted.

COPY OF PAPERS ORIGINALLY FILED